



GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

# Rural Hospital Stabilization Grant Program

## Phase 5

## Program Report

December 31, 2021



## Rural Hospital Stabilization Grant Program (RHSGP) Phase Five

### Report to the Rural Hospital Stabilization Committee

#### Purpose

The purpose of this report is to describe the utilization of state funds provided to grant recipients of the Rural Hospital Stabilization Grant Program, Phase Five.

#### **Rural Hospital Stabilization Grant Program Sites: Phase Five**

<i>Fiscal Year Funding: 2020 Ten sites selected; two declined</i>	<i>\$3,000,000 (annual) award \$300,000 award to each site Project Period: August 2019 – June 2021</i>
<b>Funded Sites</b>	<b>Funded Sites</b>
<ul style="list-style-type: none"> <li>• <i>Candler County Hospital</i></li> <li>• <i>Dodge County Hospital</i></li> <li>• <i>Dorminy Medical Center</i></li> <li>• <i>Jeff Davis Hospital</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Jefferson Hospital</i></li> <li>• <i>Stephens County Hospital</i></li> <li>• <i>Wayne Memorial Hospital</i></li> <li>• <i>Wills Memorial Hospital</i></li> </ul>

#### “Hub and Spoke” Model

Through the “Hub and Spoke” model, grantee hospitals functioned as the “hub” for the project. The “spokes” included other local health care partners and stakeholders in each respective community, to include but not limited to, tertiary hospitals, physicians, nursing homes, public safety agencies, public health departments, home health and behavioral health facilities, educational institutions, local businesses and industries, and faith-based partners.

The goal of the “Hub and Spoke” model is to best use existing and new technology to ensure that patients are being treated in the most appropriate setting thus relieving some of the cost pressures on the smallest rural hospitals’ emergency departments. Working together in partnership, communities can ensure that each patient is receiving the “Right Care, at the Right Time, and in the Right Setting”.

#### Approach

Pursuant to General Appropriations for FY 2020, state legislators identified the fifth cohort of rural hospitals as the 2020 Rural Hospital Stabilization Grant Program (RHSGP) sites:

#### Six Prospective Payment System (PPS) Rural Hospitals

- Dodge County Hospital (Eastman)
- Dorminy Medical Center (Fitzgerald)



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- Jefferson Hospital (Louisville)
- Stephens County Hospital (Toccoa)
- Taylor Regional Hospital (Hawkinsville)
- Wayne Memorial Hospital (Jessup)

### Four Cost Based Reimbursed Critical Access Hospitals

- Bleckley Memorial Hospital (Cochran)
- Candler Hospital (Metter)
- Jeff Davis Hospital (Hazlehurst)
- Wills Memorial Hospital (Washington)

In August 2019, the Chief Executive Officers (CEO) of these ten hospitals were offered the opportunity and agreed to participate in the program. Each participating Grantee would receive a \$300,000.00 state grant to support initiatives to address one or more of the four core goals identified during the Pilot Program Phase. These goals are:

- Goal #1: Increase Market Share
- Goal #2: Increase Access to Primary Care
- Goal #3: Reduce Avoidable Readmissions
- Goal #4: Reduce non-emergent care & “Super Users” served in the Emergency Department

During August and September 2019, the SORH worked with the Department of Community Health (DCH) Grants Administration to collect and assemble all necessary paperwork required to construct the Notice of Grant Award Agreements (NOGAA) for each site. Funding in the amount of \$300,000.00 per Grantee was encumbered and Phase Five Grantees were notified that representation from each Grantee hospital would be required to participate in a mandatory orientation session to review all aspects and responsibilities associated with the grant program. The orientation session was held on October 7, 2019, at the State Office of Rural Health in Cordele.

After completion of the mandatory orientation session, the CEO of Bleckley Memorial Hospital and Taylor Regional Hospital notified the State Office of Rural Health to decline the offer to participate in the program.

Funding had already been encumbered and the Notice of Grant Award Agreements had been prepared for final execution. Therefore, the decision was made to cancel the Notice of Grant Award Agreements for those two sites and reallocate the remaining \$600,000.00 grant funds at a later date.



Phase Five of the Rural Hospital Stabilization Grant Program proceeded with eight participants funded at \$300,000.00 per site.

As an indicator of each hospital's community level commitment, Grantees were required to pay the amount equal to ten percent of the total grant award (\$30,000 per site) into the Rural Hospital Stabilization Commitment Fund. These commitment funds were collected upon grant execution. Grantees were not allowed to apply any portion of the grant award, in part or in full, for Commitment Fund purposes. These funds were deposited into a restricted fund source dedicated to the Rural Hospital Stabilization project. This restricted fund source is not subject to lapse and surplus funds are protected from being returned to the treasury.

Initially, the Phase Five Rural Hospital Stabilization Grant was identified as a twelve-month funding cycle, beginning in September 2019 with a scheduled end-date of August 31, 2020. However, as the COVID-19 virus began to infiltrate the United States and an official pandemic was declared in March 2020, projects and plans outlined in the RHS Phase Five proposals had to be paused to allow healthcare providers, healthcare facilities, and the state of Georgia an opportunity to focus entirely on the effects of the pandemic across the spectrum.

The \$2,400,000 Rural Hospital Stabilization Grant Program Phase Five investment ultimately spanned a twenty-two-month project period providing each of these rural hospitals an opportunity to explore options for cost savings, new revenue and service expansion.

### **Project Development Process**

Representatives from each hospital were required to participate in a mandatory orientation session held at the State Office of Rural Health on October 7, 2019. This session thoroughly reviewed the goals and objectives of the Program and outlined all expectations and deliverables, to include the assembly of a community stakeholder group. The mission of the community stakeholder group is to identify the root causes of their communities' health issues and develop recommendations for community action. These stakeholders included:

1. Community members
2. Community healthcare providers, decision makers, and those who influence them
3. Community partners/implementers of programs

Grantees were required to host at least one stakeholder meeting within the first quarter of the funding cycle. Quarterly meetings, thereafter, were strongly recommended.



Participants were also required to identify a Project Manager for the program. Dates for mandatory quarterly Project Manager meetings facilitated by SORH were provided to all Grantees.

Prior to full grant execution, Grantees were expected to submit the local matching commitment funds to the SORH and identify a Project Manager to oversee the grant project. Project descriptions, work plans, and budgets were also required to be submitted to the SORH for approval no later than October 30, 2019.

During the second quarter of fiscal year 2019 (October/November/December 2019), Grantees began implementation of the approved projects. Specific to the projects selected, activities during this quarter included purchase of equipment, identification of contractors and vendors for construction projects, and commitments from all other external partners required to ensure completion and success of approved projects.

### Distribution of Funding

For the purpose of this report, funding provided to the Grantees is divided into two categories:

- Administrative support costs
- Project-specific costs

Administrative support costs are defined as expenses associated with Project Manager and other relevant support staff salaries, as well as community engagement expenses.

Project-specific costs are defined as expenses related to the design and implementation of the approved projects selected by each Grantee.

The table below provides the administrative support and project specific-costs breakdown per site:

Site	Administrative Costs	Project-Specific Costs	Total Award
Candler County Hospital	\$11,545.84	\$288,454.16	\$300,000
Dodge County Hospital	\$30,000.00	\$270,000.00	\$300,000
Dorminy Medical Center	\$15,600.00	\$284,400.00	\$300,000
Jeff Davis Hospital	\$5,556.00	\$294,444.00	\$300,000
Jefferson Hospital	\$8,750.00	\$291,250.00	\$300,000
Stephens County Hospital	\$20,000.00	\$280,000.00	\$300,000
Wayne Memorial Hospital	\$0.00	\$300,000.00	\$300,000
Wills Memorial Hospital	\$0.00	\$300,000.00	\$300,000
<b>Total:</b>	<b>\$91,451.84</b>	<b>\$2,308,548.16</b>	<b>\$2,400,000</b>



Descriptions of Projects

Grantees were required to provide SORH with a project description for review and approval prior to beginning work or incurring expenses related to the project. Each individual project was required to address one or more of the required four goals.

**Candler County Hospital**

<i>Total Award</i>	<i>Administrative Costs</i>	<i>Project Specific Costs</i>
\$300,000	\$11,545.84	\$288,454.16

Candler County Hospital directed \$11,545.84 of grant funds to offset salary costs for the Project Manager identified to oversee the Rural Hospital Stabilization Grant.

Candler County Hospital requested approval of funding for the maximum of three projects.

**Project #1; Appropriate Utilization of Emergency Department.** This project **met Goal #4, Reduce non-emergency care & “Super Users” served in the Emergency Department**, with a total amount of **\$6,609** was directed to this project.

*Project Description:* The focus of this project was to develop an aggressive, multi-media campaign to educate the community regarding appropriate use of the emergency department, as well as marketing and promotion of the Rural Health Clinic, including “after-hours” options for care.

Video production and community engagement was the primary component of this project. Candler County Hospital engaged Georgia Southern University’s School of Public Health to conduct surveys, collect and analyze data, research and produce literature for available health related resources in Candler County. Conducting community health fairs/educational outreach and presenting to school-based students on coping mechanisms was another component of this project.

**Project #2; Addition of “10-13” Room within the Emergency Department.** This project **met Goal #1, Increase Market Share**, with the amount of **\$32,000** was directed to this project.

*Project Description:* Renovate and upgrade an existing Emergency Department Room to meet safety and privacy standards for behavioral health patients being evaluated in the emergency department and/or being held while awaiting transfer to an in-patient facility.

**Project #3; Hospital Equipment Upgrades.** This project **met Goal #1, Increase Market Share**, with a total amount of **\$249,845.16** was directed to the project.



*Project Description:* Upgrade Equipment to better serve patients and maintain compliance with standards of healthcare. This included the purchase of:

- Portable X-Ray equipment for Emergency Department to provide quicker response time for doctors
- M\*Modal dictation equipment to improve patient documentation process
- Upgraded telephone system for Rural Health Clinic for better patient and staff experience
- Computer workstations for Emergency Department and Rural Health Clinic to maintain compliance standards
- PACS Monitor for X-Ray readings in Emergency Department

***Dodge County Hospital***

<i>Total Award</i>	<i>Administrative Costs</i>	<i>Project Specific Costs</i>
\$300,000	\$30,000.00	\$270,000.00

Dodge County Hospital directed \$27,500 of grant funds to offset salary costs for the Project Manager identified to oversee the Rural Hospital Stabilization Grant. An additional \$2,500 of funding was used to cover on-going expenses for the Community Stakeholder meetings.

Dodge County Hospital requested approval of funding for two projects.

**Project #1; *Over-utilization of Emergency Department as a Primary Care Access Point.*** This project **met Goal #4, *Reduce non-emergency care & “Super Users” served in the Emergency Department,*** with a total amount of **\$76,500** was directed to this project.

*Project Description:* To address the problem of overuse or misuse of the Emergency Department (ED), Dodge County Hospital contracted with Spring Creek Health Cooperative (SCHC), an innovative multi-county health partnership based in Miller County, Georgia.

Through this contractual arrangement, Spring Creek provides one full time skilled nurse navigator to oversee the Emergency Department Care Coordination Program. This program manages patients who are utilizing the ED as a medical home. Patients are educated on the appropriate use of the ED, assisted with enrollment into insurance and other programs, connected to resources specific to their needs, coordinate transportation if needed, and directed to a permanent medical home for better management of their overall health care.





In addition, Spring Creek provides a part time Medication Coordinator to assist patients with understanding their medication needs and enrolling patients in free and/or reduced prescription medication programs.

**Project #2; Hospital Equipment Upgrades.** This project met **Goal #1, Increase Market Share,** with a total amount of **\$193,500** was directed to this project.

*Project Description:* Upgrade Equipment to better serve patients and maintain compliance with standards of healthcare. This included the purchase of:

- Patient beds
- Safety equipment
- Lobby furniture
- Routine patient care equipment
- Upgrade components for computer system to include supplies, electronic devices, hardware, software, interfaces and Electronic Medical Record (EMR) modules.

***Dorminy Medical Center***

Total Award	Administrative Costs	Project Specific Costs
\$300,000	\$15,600.00	\$284,400.00

Dorminy Medical Center directed \$15,600 of grant funds to offset salary costs for the Project Manager identified to oversee the Rural Hospital Stabilization Grant.

Dorminy Medical Center requested approval of funding for two projects.

**Project #1; Community Paramedicine Project.** This project met **Goal #3, Reduce Avoidable Readmissions** and **Goal #4, Reduce non-emergency care & “Super Users” served in the Emergency Department.** A total amount of **\$117,900** was directed to this project.

*Project Description:* The top 25 super-users (SUs) of the ED were identified as potential participants in the community Paramedicine (CP) follow up program. Once a SU becomes a member of the program, the CP team will schedule in-home visits to educate and help manage the chronic condition. Primary care management will be assessed, and the program will partner with the primary care physician’s office to manage the chronically ill patient. Re-education on management medications, proper diet choices, and disease processes will be provided to the patient with easy to read and understand printed information. The patient is provided a self-triage diagram to help decide if a visit to the primary care physician or a home visit by the CP





team is warranted. If medication non-compliance is a financial issue, the patient will be assisted by the program in getting medication through the 340b program or through the GoodRX discount. These patients are connected with community resources available to meet their needs. If prescription need existed that met the parameters of the program, a 30-day supply of prescribed chronic disease medication (COPD, CHF, DM, HTN) or the appropriate acute-care medication (antibiotics, steroids, etc.) was provided at no cost to the SU.

Super-Users were followed for 215 days and any visit to the ED during that time resulted in a follow-up by the program within 24 hours. Additionally, SUs were contacted every 14 days to assess if any new needs can be identified.

Budgeted as part of the community care program is transportation for members who are unable to secure transportation to doctor's visits or the pharmacy. Immediate needs will be handled using Uber or Lyft and needs that can be scheduled 24-hours in advance will be using Ben Hill Transit.

**Project #2; Facility Improvements.** This project **met Goal #1, Increase Market Share**, with a total amount of **\$166,500** was directed to this project.

*Project Description:* As a facility that has transferred 67 behavioral health patients within the last 12 months, creating a seclusion room, improving safety of mental health patients and the general population of the emergency department is of utmost importance. Costs associated with the construction of a seclusion room and upgrades to the Emergency Department include:

- Reconstruction to create a solid ceiling
- Shatter-proof glass
- Reinforced walls
- Steel doors
- Closed-circuit video monitoring
- Ligature resistant hardware
- Safety platform bed
- Enclosed television (to provide for patient safety and comfort)
- Replacing a set of sliding doors at the emergency room entrance
- Adding shatter-proof glass to the registration area adjacent to the seclusion room (for safety of other patients and staff during the holding of a behavioral health patient)



***Jeff Davis Hospital***

Total Award	Administrative Costs	Project Specific Costs
\$300,000	\$5,556	\$294,444

Jeff Davis Hospital directed \$4,165 of grant funds to offset salary costs for the Project Manager identified to oversee the Rural Hospital Stabilization Grant. An additional \$1,391.00 of funding was used to cover on-going expenses for Community Stakeholder Meetings.

Jeff Davis Hospital requested approval of funding for two projects.

**Project #1; Reduction of Non-Urgent/Emergent Visits to the Emergency Department.** This project **met Goal #2, Increase Access to Primary Care and Goal #4, Reduce non-emergency care & “Super Users” served in the Emergency Department.** A total amount of **\$264,404.12** was directed to this project

*Project Description:* Family Medical Group is a primary care clinic owned by Jeff Davis Hospital. The clinic is staffed with a practitioner, office manager, nurse, and a receptionist. The clinic resides in a facility built in the early 1970s and the original design was not efficient for patient throughput. Hours of facility operation were from 8:00 am to 5:00 Monday through Thursday and 8:00 am to 12:00 pm on Friday on an appointment basis. Funding was used to modify the current workspace to enhance patient throughput and mobility of staff. The renovation also included space for one additional practitioner, a second triage room, an additional exam room, and a patient restroom. By modifying the current workspace and adding a practitioner, Family Medical Group can offer non-urgent/emergent medical care seven days a week with extended hours on weekdays by both appointment and for walk-ins. This will aid in facilitating patients receiving the right care, at the right time, in the right setting.

**Project #2; Transportation Assistance for Behavioral Health Patients.** This project **met Goal #1, Increase Market Share,** with a total amount of **\$30,039.88** was directed to this project.

*Project Description:* Due to the increasing demand for behavioral health services, Jeff Davis Hospital opened an intensive outpatient treatment center in 2016. Jeff Davis Hospital further expanded its footprint in the behavioral health arena in 2018 with the opening of its 10-bed inpatient facility. The availability of both the inpatient and outpatient services provides a much-needed continuum of care for the patients it serves. One major barrier for patients needing intensive outpatient therapy revolves around dependable transportation to therapy appointments. As a result, patients are not able to take advantage of the care available. Industry standards for patient no-show rates average 5-7%. A significant portion of these no-shows are due to a lack of transportation.



Funding was used to lease a 14-passenger bus to transport patients to and from their outpatient appointments as needed. This bus was also utilized to transfer patients to our inpatient Behavior Health Unit if the need arises. The bus has a center isle to ensure ease of movement of patients and the capacity to hold at least 2 wheelchair passengers.

**Jefferson Hospital**

	<i>Administrative Costs</i>	<i>Project Specific Costs</i>
<i>Total Award</i>		
\$300,000	\$8,750	\$291,250.00

Jefferson Hospital directed \$8,750 of grant funds to offset salary costs for the Project Manager identified to oversee the Rural Hospital Stabilization Grant.

Jefferson Hospital requested approval of funding for two projects.

**Project #1; Renovation of North Wing.** This project **met Goal #1, Increase Market Share**, with a total amount of **\$233,300** was directed to this project.

*Project Description:* Just prior to the receipt of the Rural Hospital Stabilization Grant, Jefferson Hospital had received a Certificate of Need for a 10-bed adult psychiatric unit. This unit will serve psychiatric patients on a short-term basis and will eventually include an outpatient clinic and intensive outpatient program. The facility, to be housed in our north wing, will help address the drastic healthcare shortage associated with psychiatric care. Funding was used to offset expenses associated with the renovation of the north wing and the creation of the psychiatric unit. Renovations encompassed approximately 10,550 square feet of the existing hospital.

Jefferson Hospital partnered with UltraGroup for healthcare management services for our inpatient and outpatient psychiatric services. UltraGroup is a unique healthcare management company providing comprehensive solutions to rural hospitals for inpatient and outpatient senior behavioral healthcare & medical stabilization services.

**Project #2; Specialty Clinic Revitalization.** This project **met Goal #2, Increase Access to Primary Care** with a total amount of **\$57,950** was directed to this project.

*Project Description:* Funding was used to revitalize the existing specialty clinic by incorporating new office and waiting room furniture, installing modern flooring, investing in new lighting and fresh paint. The revamped clinic opened initially as the intensive outpatient clinic prior to the completion of the new inpatient and outpatient space. After the new outpatient facility was completed, the intensive outpatient services transitioned to the renovated north wing.



Space within the specialty clinic was then made available as rental opportunities to local and non-local physicians providing updated, clinical facilities and encouraging new healthcare providers to open practice within the community. Jefferson Hospital also began efforts to recruit specialists will allow Jefferson Hospital to provide both primary care and specialty services, allowing for a more comprehensive continuum of care.

**Stephens County Hospital**

<i>Total Award</i>	<i>Administrative Costs</i>	<i>Project Specific Costs</i>
\$300,000	\$20,000.00	\$280,000.009

Stephens County Hospital directed \$20,000 of grant funds to offset salary costs for the Project Manager identified to oversee the Rural Hospital Stabilization Grant.

Stephens County Hospital requested approval of funding for the maximum of three projects.

**Project #1; Community Paramedicine Project** This project **met Goal #3, Reduce Avoidable Readmissions** and **Goal #4, Reduce non-emergency care & “Super Users” served in the Emergency Department.** A total amount of **\$228,500** was directed to this project.

*Project Description:* Stephens County Hospital is overwhelmed with the amount of non-emergent visits to the Emergency Department. To address this, the hospital had previously established a Community Paramedicine (CP) program and chose to use funding through the Stabilization program to enhance the services provided by the CP team. The team was responsible for adding the top 24 ED users to their CP Program. Priority goals of the program is to provide in-home clinical services which includes an individualized program providing chronic illness and management education, assistance with home medical equipment and medications, and information to enhance patient understanding of appropriate use of emergency services. In addition, CP will be the “resource center” for these individuals to make sure they are linked with all community resources available and ensure each patient has a medical home.

Community Paramedicine found that transportation is a major issue for patients and is sometimes solely the reason for readmission to the floor or overutilization of the ED. Collaboration will be made between SCH and our local transportation services to come to an agreement on how to help transport patients to and from their healthcare visits, pharmacy, and other related medical support.



**Project #2; Addressing Needs of Behavioral Health Patients.** This project **met Goal #1**, Increase Market Share, with a total amount of **\$44,500** was directed to this project.

*Project Description:* Stephens County Hospital evaluates a large number of behavioral health patient with the Emergency Department, often as many as 4 to 6 patients per day. Funding was used to ensure the Emergency Department seclusion room met all required patient care and safety standards. Due to the seriousness with caring for behavioral-health patients Stephens County Hospital reviewed the current care plans and recognized an urgent need to improve internal processes. Funding was also used to execute an agreement with Coastal Harbor who will assess all involuntarily admitted behavioral health patients via telemedicine and improve the timing of placement. Additionally, they assist with transportation of these patients to prevent patients from experiencing unnecessary “hold” times which can be detrimental to patient outcomes.

**Project #3; Patient Satisfaction.** This project **met Goal #1**, Increase Market Share, with a total amount of **\$7,000** was directed to this project.

*Project Description:* Stephens County Hospital recognized the first step to improved patient satisfaction is to be more present and involved in the community. Establishing the required Community Stakeholders Group and meeting Program requirements to conduct community engagement meetings facilitated the identified “first step”.

Stephens County Hospital also formed an agreement with Survey Solutions to provide both HCHAPS as well as EDCHAPS. EDCHAPS will allow us to survey patients in the ED real time and hopefully address any needs. ED is an important focus as this is sometimes the front door to the hospital. The Hospital also elected to ensure collaboration between the CNO and Compliance/Quality Director to build and initiate an action plan for improving patient satisfaction.

***Wayne Memorial Hospital***

Total Award	Administrative Costs	Project Specific Costs
\$300,000	\$0.00	\$300,00.00

Wayne Memorial Hospital directed no portion of grant funds to administrative costs.

Wayne Memorial Hospital requested approval of funding for the maximum of three projects.



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**Project #1; Reduce Non-emergent ED Visits.** This project **met Goal #3, Reduce Avoidable Readmissions** and **Goal #4, Reduce non-emergency care & “Super Users” served in the Emergency Department.** A total amount of **\$112,225.55** was directed to this project.

*Project Description:* Wayne Memorial Hospital (WMH) and Diversity Health Center (DHC) partnered to improve community members’ access to primary and behavioral healthcare services regardless of ability to pay. WMH provides clinic space and technological equipment for DHC. During business hours, DHC accepts referrals from the WMH emergency department for treatment of non-emergent cases. Further, WMH provides eight hours/week of psychiatric services through the Diversity Health Clinic for evaluation, medication management, and follow-ups for behavioral health patients in the community irrespective of income level or insurance status. This serves a long-standing need for psychiatric services in the community.

In order to partner with our community to improve access to behavioral health care and prevent harm resulting from behavioral health crises, Wayne Memorial Hospital provided funding to implement *STOPit Solutions* anonymous reporting, incident management, and emergency monitoring in Wayne County for one year. The service, implemented in Wayne County schools in August 2019, had already made a positive impact with several behavioral health interventions that provided students with appropriate treatment and possibly prevented serious injury and/or loss of life. WMH will renew the service for the Wayne County School System in August 2020. The expansion of the *STOPit* application to the community served the residents of Wayne County by allowing for anonymous reporting of behavioral health concerns, follow-up on cases defined as “at risk”, follow-up phone calls after a crisis assessment or treatment, and connection to community resources to ensure that the individual patient’s specific needs are met. The *STOPit Solutions* services facilitate collaboration between multiple community agencies to support the efforts to deliver better care to the many citizens with behavioral health needs. Wayne Memorial Hospital and Wayne County Family Connection Collaborative worked together to promote community awareness of the service and monitor the results of its implementation.

**Project #2; Care Coordination and Enhanced Patient Safety for Behavioral Health Patients.** This project **met Goal #1, Increase Market Share,** with a total amount of **\$55,438.50** was directed to this project.

*Project Description:* Anchored in Wellness, a local counseling practice, provided trained staff on a 24/7 on-call basis to the WMH emergency department to intervene in behavioral health crises. The counselors assess the patient and determine appropriate course of care for the individual, such as inpatient treatment, outpatient follow-up, or psychiatric consultation. If it is determined that the patient requires inpatient behavioral health treatment, the counselor will





coordinate placement and transport of the patient. Additionally, the counselor will schedule any necessary outpatient follow-ups upon completion of inpatient stay. If the patient requires hospitalization for medical treatment, the counselor will connect the patient to the appropriate behavioral health resources upon discharge.

**Project #3; Hospital Equipment Updates.** This project met **Goal #1, Increase Market Share**, with a total amount of **\$132,335.95** was directed to this project.

*Project Description:* Upgrade Equipment to better serve patients and maintain compliance with standards of healthcare. This included the purchase of:

- Sonosite ultrasound machines
- New Stryker beds for the intensive care unit compatible with the Rauland Responder 5 call system in place in the unit

**Wills Memorial Hospital**

Total Award	Administrative Costs	Project Specific Costs
\$300,000	\$0.00	\$300,000.00

Wills Memorial Hospital directed no portion of grant funds toward administrative costs.

Wills Memorial Hospital requested approval of funding for two projects.

**Project #1; Reduction of Non-Urgent/Emergent Visits to the Emergency Department.** This project met **Goal #2, Increase Access to Primary Care and Goal #4, Reduce non-emergency care & "Super Users" served in the Emergency Department.** A total amount of **\$274,000** was directed to this project.

*Project Description:* The plan to reduce the over utilization of the ED is two-fold. The first initiative is to hire an additional primary care physician to reroute non-urgent patients to WMH clinics. The second initiative is to make necessary upgrades to the Emergency Department to increase the volume of patients who truly need ED care.

Specific to initiative #1, and due to the challenges of recruiting physicians to rural areas, Stabilization funding in the amount of \$40,000 was used as a signing bonus to incentivize interested physicians to commit to the Wills Memorial Hospital community. The additional physician will allow Wills Memorial Hospital to have 2 providers in both clinics 5 days a week. In turn, this provides flexibility for extended hours of operation in the evenings and Saturday mornings. Current volume does support a separate urgent care center from the ED.





However, extended hours and/or weekend hours of operation will help to reduce the non-urgent/emergent visits in the Emergency Department.

Specific to initiative #2, Wills Memorial Hospital has no county support other than SPLOST, although it incurs approximately \$1.5 million each year in uncompensated care, largely from Wilkes County residents. The Emergency Department was upgraded 10 years ago, but furniture and equipment has deteriorated and there had been no available funds for repairs or replacements. Stabilization funds were applied to purchases for, and upgrades to, the Emergency Department to better serve patients and maintain compliance with standards of care. These expenses included:

- Purchase of LUCAS devices
- Replacement of IV pumps
- Replacement of EKG Machines
- Purchase of Bariatric Equipment
- Purchase of other necessary patient equipment and supply costs
- Upgrades to the HVAC system
- Automatic ED Doors
- ED furniture

**Project #2; Upgrade and Enhance the “10-13” Room within the Emergency Department.** This project **met Goal #1, Increase Market Share**, with the total amount of **\$26,000** was directed to this project.

*Project Description:* Staff, patient, and visitor safety is a priority at WMH. The risk of violence and injury is heightened when a behavioral health patient is hospitalized against his/her will. To ensure the safety of these patients, staff, and visitors, funding was used to cover expenses associated with improvements to the Emergency Department seclusion room and additional necessary equipment. These expenses included:

- Installation of 911 Panic Button
- Automatic entry doors that lock
- Upgrade of seclusion room door
- Bariatric wheelchairs
- Geriatric chairs



## Summary

The table below identifies the breakdown of funding per goal:

	Administrative Costs:	Goal #1: Increase Market Share	Goal #2: Increase Access to Primary Care	Goal #3: Reduce Avoidable Readmissions	Goal #4: Reduce ED "Super-Users"
Candler	\$11,545.84	\$281,845.16	\$0.00	\$0.00	\$6,609.00
Dodge	\$30,000.00	\$193,500.00	\$0.00	\$0.00	\$76,500.00
Dorminy	\$15,600.00	\$166,500.00	\$0.00	\$58,950.00	\$58,950.00
Jeff Davis	\$5,556.00	\$30,039.88	\$264,404.12	\$0.00	\$0.00
Jefferson	\$8,750.00	\$233,300.00	\$57,950.00	\$0.00	\$0.00
Stephens	\$20,000.00	\$51,500.00	\$0.00	\$114,250.00	\$114,250.00
Wayne	\$0.00	\$187,775.00	\$0.00	\$56,113.00	\$56,112.00
Wills	\$0.00	\$26,000.00	\$137,000.00	\$0.00	\$137,000.00
<b>Totals:</b>	<b>\$91,451.84</b>	<b>\$1,170,460.04</b>	<b>\$459,354.12</b>	<b>\$229,313.00</b>	<b>\$449,421.00</b>

As described in the table above, Phase Five Grantees selected projects that met one or more of the four core goals.

The funding breakdown per core objective is as follows:

- **3.8%** (\$91,451.84) of funding was spent on **Administrative Costs**,
- **48.7%** (\$1,170,460.04) of funding was spent on projects meeting **Goal #1: Increase Market Share**,
- **19.1%** (\$459,354.12) of funding was spent on projects meeting **Goal #2: Increase Access to Primary Care**,
- **9.6%** (\$229,313.00) of funding was spent on projects meeting **Goal #3: Reduce Avoidable Readmissions**,
- **18.7%** (\$449,421.00) of funding was spent on projects meeting **Goal #4: Reduce ED Super-Users**.

The Phase Five grant program terminated on June 30, 2021. Technical assistance and guidance were provided by SORH staff throughout the entire project period.